

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SKDKnickerbocker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>	
Mailing Address <b>1150 18th St., NW #800</b>		Amount <b>1368.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B628833</b>
Purpose of Expenditure <b>Digital Ad Commission</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>	
Name of Federal Candidate <b>Kelly Ayotte</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>685257.22</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2016</b>	
Mailing Address <b>123 William St, 10th Floor</b>		Amount <b>182.94</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>B628829</b>
Purpose of Expenditure <b>Direct voter contact-staff time</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 13 / 2016</b>	
Name of Federal Candidate <b>Kelly Ayotte</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>685257.22</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1550.94</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>	
Mailing Address <b>2229 North Pollard St</b>		Amount <b>100100.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>B628831</b>
Purpose of Expenditure <b>Digital Ad Buy</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>	
Name of Federal Candidate <b>Kelly Ayotte</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>685257.22</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>SKDKnickerbocker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>	
Mailing Address <b>1150 18th St., NW #800</b>		Amount <b>1368.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B628832</b>
Purpose of Expenditure <b>Digital Ad Commission</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>	
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2146546.14</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>101468.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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*Deirdre Schifeling**[Electronically Filed]*

Date

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**09 / 29 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>	
Mailing Address <b>2229 North Pollard St</b>		Amount <b>100100.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>B628830</b>
Purpose of Expenditure <b>Digital Ad Buy</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>	
Name of Federal Candidate <b>Donald Trump</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2146546.14</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100100.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>203118.94</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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